

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTNER DISTRICT OF TEXAS  
BEAUMONT DIVISION

AUG 22 2018

THOMAS WAYNE PARKER #2123502

Plaintiff's Name and ID Number

BY  
DEPUTY \_\_\_\_\_

LARRY GIST UNIT

3295 FM 3514 BMT TX 77705

Place of Confinement

CASE NO. 1:18 cv 412  
(Clerk will assign the number)

v.  
TEXAS DEPT. OF CRIMINAL JUSTICE

861 245 N. HUNTSVILLE TX 77342

Defendant's Name and Address

BRIAN COLLIER (TDCJ PRESIDENT)

861 245 N. HUNTSVILLE TX 77342

Defendant's Name and Address

ROCK THIGHLER (TDCJ DIRECTOR)

861 245 N HUNTSVILLE TX 77342

Defendant's Name and Address

(DO NOT USE "ET AL.")

CHARLES E. SIZINGI (WARDEN)

3295 FM 3514 BEAUMONT TX 77705

DEFENDANT'S NAME - ADDRESS

REGINAL CHAMBERS (MAJOR)

3295 FM 3514 BEAUMONT TX 77705

DEFENDANT'S NAME - ADDRESS

TINA MAYO (CAPTAIN)

3295 FM 3514 BEAUMONT TX 77705

DEFENDANT'S NAME - ADDRESS

## INSTRUCTIONS - READ CAREFULLY

## NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, ~~mail~~ the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

**FILING FEE AND *IN FORMA PAUPERIS* (IFP)**

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of ~~\$400.00~~.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? \_\_\_ YES ☒ NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
  1. Approximate date of filing lawsuit: \_\_\_\_\_
  2. Parties to previous lawsuit:  
 Plaintiff(s) \_\_\_\_\_  
 Defendant(s) \_\_\_\_\_
  3. Court: (If federal, name the district; if state, name the county.) \_\_\_\_\_
  4. Cause number: \_\_\_\_\_
  5. Name of judge to whom case was assigned: \_\_\_\_\_
  6. Disposition: (Was the case dismissed, appealed, still pending?) \_\_\_\_\_
  7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: LARRY GIST UNIT 3295 FM 3514 BEAUMONT TX 77705

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES ☒ NO

DUE TO THE IMMEDIATE NEEDS OF MEDICAL TREATMENT  
Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: THOMAS WAYNE PARKER #2123502  
3295 FM 3514  
BEAUMONT TX 77705

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: BRIAN COLLIER; TDCS PRESIDENT; TEXAS DEPT OF CRIMINAL JUSTICE  
861 E 45 N. HUNTSVILLE TX 77342

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
FAILED TO PROVIDE SAFE HOUSING AND ENVIRONMENT  
FAILED TO PROVIDE ADEQUATE MEDICAL CARE IN A TIMELY MATTER

Defendant #2: ROCK TAZEMLER; TDCS DIRECTOR; TEXAS DEPT OF CRIMINAL JUSTICE  
861 E 45 N. HUNTSVILLE TX 77342

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
FAILED TO PROVIDE SAFE HOUSING AND ENVIRONMENT  
FAILED TO PROVIDE ADEQUATE MEDICAL CARE IN A TIMELY MATTER

Defendant #3: CHARLES E. SIKING; WARDEN; LARRY GIST UNIT  
3295 FM 3514 BEAUMONT TEXAS 77705

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
FAILED TO PROVIDE SAFE HOUSING AND ENVIRONMENT  
FAILED TO PROVIDE ADEQUATE MEDICAL TREATMENT

Defendant #4: REGINAL CHAMBERS; MAJOR; LARRY GIST UNIT  
3295 FM 3514 BEAUMONT TX 77705

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
FAILED TO PROVIDE SAFE HOUSING AND LIVING ENVIRONMENT

Defendant #5: TINA MAYO; CAPTAIN; LARRY GIST UNIT  
3295 FM 3514 BEAUMONT TEXAS 77705

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.  
FAILED TO PROVIDE SAFE HOUSING AND LIVING ENVIRONMENT

DEFENDANT #6: TEXAS DEPARTMENT OF CRIMINAL JUSTICE

861 E 45 N HUNTSVILLE TEXAS 77342  
BRIEFLY DESCRIBE THE ACTS OR OMISSIONS OF THIS DEFENDANT WHICH CLAIM HARM YOU.  
FAILED TO PROVIDE SAFE HOUSING AND LIVING ENVIRONMENT  
FAILED TO PROVIDE ADEQUATE MEDICAL CARE IN A TIMELY MATTER.

## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I MADE SEVERAL ATTEMPTS TO BE MOVED TO ANOTHER DORM DUE TO SEXUAL HARASSMENT, DUE TO STAFF NEGLIGENCE IN PROVIDING A SAFE LIVING ENVIRONMENT, I WAS INVOLVED IN A ALTERCATION WITH ANOTHER INMATE. I HAVE BEEN UNABLE TO FIND OUT OFFENDERS NAME OTHER THAN THE LAST NAME OF 'BROWN'. I SUSTAINED NUMEROUS FACIAL FRACTURES WAS TRANSPORTED TO LOCAL HOSPITAL, A CT SCAN WAS DONE. 48 HOURS LATER I WAS TRANSPORTED TO A GALVESTON HOSP. ANOTHER CT SCAN WAS DONE. IMMEDIATE SURGERY WAS ORDERED. I WAS TRANSPORTED BACK TO LAZY BERT UNIT BEFORE SURGERY WAS DONE. NO OTHER MEDICAL TREATMENT HAS BEEN DONE IN 50 DAYS.

VI. RELIEF: (SEE ATTACHMENT)

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WANT RECONSTRUCTIVE SURGERY TO REPAIR FACIAL FRACTURES  
COMPENSATION FOR NEGLIGENCE OF TDCJ STAFF / PAIN & SUFFERING  
CAUSED BY LACK OF MEDICAL TREATMENT FOR MORE THAN 50 DAYS.

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

THOMAS WAYNE PARKER

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

TDCJ #ID NUMBERS 2123502 - 753330

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): \_\_\_\_\_

2. Case number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied? YES NO

C. Has any court ever warned or notified you that sanctions could be imposed? YES ☒ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): \_\_\_\_\_
2. Case number: \_\_\_\_\_
3. Approximate date warning was issued: \_\_\_\_\_

Executed on: 8-19-18  
DATE

THOMAS W. PARKER  
Thomas W. Parker  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 19 day of AUGUST, 20 18  
(Day) (month) (year)

THOMAS W. PARKER  
Thomas W. Parker  
(Signature of Plaintiff)

**WARNING:** Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

ATTACHMENT

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8-19-18

ON MAY 25, 2018 I ATTEMPTED TO TALK TO "MAJOR CHAMBERS" IN FRONT OF G BUILDING. I ASKED MAJOR CHAMBER IF HE HAD A MINUTE I'D LIKE TO TALK TO HIM ABOUT BEING MOVED TO ANOTHER DORM. BEFORE I WAS ABLE TO EXPLAIN MY REASON, HE STATES I DON'T MAKE MOVES, SEE THE CAPT. OR LT. THEN HE TURNS AND WALKS INTO G BUILDING. THAT SAME AFTERNOON I CAUGHT (CAPTAIN MAYO) GOING INTO G BUILD. I TOLD HER I NEEDED TO TALK TO HER ABOUT BEING MOVED. BEFORE I COULD EXPLAIN WHY SHE ALSO STATED I'M NOT DOING ANY MOVES SEE ME TUESDAY, BEING THAT MONDAY 5-28-18 WAS MEMORIAL DAY. AT THIS PARTICULAR TIME I WAS HOUSED IN B3 BUNK 22. I WAS HAVING ISSUES WITH ANOTHER INMATE BY THE LAST NAME OF "BROWN". HE WAS ALSO HOUSED IN B3 DORM BUNK# 20. THESE ISSUE WERE SEXUAL HARASSMENT IN NATURE. THIS WAS MY REASONING FOR TRYING TO GET MOVED TO ANOTHER DORM. I WAS FINALLY MOVED TO ANOTHER BUNK BY LT. LEE, WHICH WAS IN THE SAME DORM. EVERYTHING WAS OK FOR A COUPLE OF WEEKS THEN THE SEXUAL HARASSMENT STARTED AGAIN. ONCE AGAIN I TRIED TO BE MOVED TO NO AVAIL. THEN ON 6-20-18 I WAS INVOLVED IN A PHYSICAL ALTERCATION WITH INMATE BROWN DUE TO UNWANTED SEXUAL ADVANCES. IN THIS ALTERCATION I WAS SEVERELY INJURED. I SUSTAINED NUMEROUS FACIAL FRACTURES. IMMEDIATELY AFTER THE ALTERCATION I WAS TAKEN TO OUR UNIT INFIRMARY BY LT. GORE. AFTER BEING EXAMINED AND PHOTOGRAPHED I WAS PLACED IN A AMBULANCE AND TRANSPORTED TO BAPTIST HOSPITAL, BEAUMONT TEXAS AT 1:00pm. UPON ARRIVAL TO BAPTIST HOSPITAL. I WAS ADMITTED IN THE EMERGENCY ROOM. I WAS SEEN BY THE EMERGENCY ROOM

②

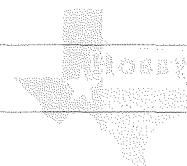
DOCTOR A CT SCAN WAS ORDERED. IT WAS FOUND I HAD A FRACTURED NOSE AND NUMEROUS FACIAL FRACTURES. IMMEDIATE FACIAL SURGERY WAS RECOMMENDED BY THE ER DOCTOR. TD CJ STAFF DIDN'T ALLOW ANY FURTHER TREATMENT BY BAPTIST HOSPITAL. HOSPITAL STAFF WERE TOLD TO REFER ME TO JOHN SEALEY HOSPITAL IN GALVESTON TEXAS. I WAS GIVEN TYLENOL FOR PAIN AND TRANSPORTED BACK TO THE LARRY GIST UNIT. I WAS THEN PLACED IN SOLITARY CONFINEMENT WITH NO FURTHER MEDICAL TREATMENT, NOR WAS I SEEN BY ANY MEDICAL PERSONNEL FOR MORE THAN 48 HOURS. ON 6-22-18 I WAS TRANSPORTED TO JOHN SEALEY GALVESTON. UPON ARRIVAL I WAS IMMEDIATELY SEEN BY EAR, NOSE & THROAT DOCTORS. ANOTHER CT SCAN WAS ORDERED. I WAS ADMITTED INTO THE HOSPITAL ON 6-22-18. ON 6-23-18 THE CT SCAN WAS PERFORMED AGAIN IT WAS FOUND I HAD A FRACTURED NOSE AND MULTIPLE FACIAL FRACTURES, IT WAS ORDERED THAT I HAVE FACIAL RECONSTRUCTIVE SURGERY BY PLACING METAL PLATES IN MY LEFT CHEEK AND EYE SOCKET ON 6-26-18. FOR WHATEVER REASON THE SURGERY WAS RESET TO TAKE PLACE ON 6-28-18. THEN AGAIN FOR REASONS UNKNOWN TO ME. I WAS BROUGHT BACK TO THE LARRY GIST UNIT ON 6-27-18 WITHOUT HAVING THE SURGERY PERFORMED. ONCE BACK ON THE UNIT, I WAS GIVEN TYLENOL #3 TWICE DAILY FOR 21 DAYS. AS OF TODAY 8-11-18 I HAVE HAD ABSOLUTELY NO MEDICAL TREATMENT NOR HAVE I BEEN SEEN BY ANY MEDICAL DOCTOR IN REGARDS TO THESE FRACTURES. THE LEFT SIDE OF MY FACE IS SUNK IN, MY LEFT EYE SOCKET IS OUT OF SHAPE, I HAVE DOUBLE VISION, NUMBNESS IN THE LEFT SIDE OF MY FACE, ALSO DROOPING OF MY LEFT CHEEK. ALL THE FRACTURES

(3)

IN MY FACE AND NOSE HAVE FUSED BACK TOGETHER. MY NOSE IS OUT OF ALIGNMENT, MY CHEEK BONE AND EYE SOCKET ARE ALSO OUT OF ALIGNMENT WHICH WILL REQUIRE SURGERY TO BE RE-FRACTURED AND METAL PLATES INSTALLED TO RE-ALIGN BONES. I HAVE MADE NUMEROUS REQUEST FOR MEDICAL TREATMENT IN THE LAST 62 DAYS. MY REQUEST HAVE FALLEN ON DEAF EARS, I'M NOT SCHEDULED TO RETURN TO JOHN SEELY CAUTION UNIT UNTIL SEPT 2018. I DO NOT KNOW WHAT OR IF ANY MEDICAL TREATMENT WILL BE PERFORMED TO REPAIR THE DAMAGE TO FACIAL DEFORMITIES.

END OF STATEMENT 8-19-18

Thomas W. Lake





JUL 10 2018

TO: MEDICAL DEPT / MS. RAMOS 7-9-18  
 FROM: THOMAS PARKER # 2123502 K207

I'M WRITING IN REGARDS TO THE MULTIPLE FRACTURES I HAVE IN MY FACE. ITS BEEN SINCE 6-20-18 THAT THESE INJURIES HAPPENED, ABSOLUTELY NOTHING HAS BEEN DONE. THIS IS TOTALLY REDICULOUS. THERE'S BEEN 3 SURGEONS TELL ME THAT I NEED RECONSTRUCTIVE SURGERY. BUT YOU'VE GOT ME RUNNING BACK AND FORTH TO GALVESTON FOR B.S. DUE TO THE NUMBER OF FRACTURES IN MY FACE. I CAN NOT HANDLE THE PAIN CAUSED BY THE JARRING MOTION OF THE BUS RIDE TO GALVESTON. I AM NOT GOING TO GO THROUGH ANOTHER 3 OR 4 TRIPS TO GALVESTON FOR THEM TO DO WHATEVER THE HELL THE PLAN TO DO. DUE TO THE LENGTH OF TIME SINCE MY INJURY WITHOUT TREATMENT. IS TOTALLY UNCALLED FOR AND IN HUMANE.

CONFIDENTIAL MS. HARRIS (M)

THOMAS PARKER  
 # 2123502

THE ONLY THING THE PROVIDERS ON THE UNIT CAN DO FOR YOU IS TO REFER YOU TO GALVESTON. WHATEVER GALVESTON DECIDES TO DO ABOUT YOUR TREATMENT IS ENTIRELY UP TO GALVESTON AND THE PROVIDERS ON THE UNIT DOES NOT HAVE <sup>ANYTHING</sup> TO DO ~~ANYTHING~~ ABOUT IT AND DOES NOT HAVE ANY CONTROL OVER IT.

*[Signature]*

7-10-18

